



Office of Health Information, Planning, Policy, Evaluation, and Research (HIPPER)

Data Request Form

The Detroit Department of Health and Wellness Promotion (DHWP) can furnish health-related data pertinent to the City of Detroit. This form is intended to assist DHWP staff to respond to data needs more efficiently. The DHWP staff may refer you to ways to obtain the data using existing data sources. Otherwise, simple data requests are likely to be fulfilled as quickly as possible. The Michigan Department of Community Health (MDCH) and the DHWP recommend that large vital record and other health-related data requests are to be made to MDCH, Division for Vital Records and Health Statistics. *Data requests intended for research purposes require an attached research proposal and are subjected to be reviewed by DHWP Research Review Committee prior to fulfilling the request.* Given the volume of data requests made to DHWP HIPPER Office, please allow two weeks for your request to be completed.

Name: _____ **Date:** _____ **Organization:** _____
(mm/dd/yyyy)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **Email:** _____
(xxx-xxx-xxxx)

Type of Data Requested: ☐ Birth ☐ Death ☐ Other Health Related Data: _____

Purpose of Request (check all that apply): ☐ Academic ☐ Program Planning ☐ Evaluation ☐ Grants ☐ Research

User Level: ☐ Public Use (aggregate) ☐ Restricted Use (aggregate) ☐ Confidential (identifiers) ☐ Other: _____

Geography: ☐ Citywide ☐ Cluster Area ☐ Sub-community ☐ Zip Codes ☐ Other: _____

Please Answer All Questions

1. Describe the proposed project/study.

2. What is purpose of project/study?

3. Describe plans for analysis including methods and procedures that will be carried out for the project.

4. What procedures will be implemented to protect the privacy of the information and to ensure that identifiable information are secure?
5. Name the person responsible for this data security and contact information.
6. Who will have access to the data and name their role in the project?
7. How will the findings be used?
8. What type of data will be reported?

Data request forms should be mailed, faxed or emailed to Harolyn Tarr:
 Detroit Department of Health and Wellness Promotion (DHWP)
 Office of Health Information, Planning, Policy, Evaluation, and Research (HIPPER)
 1151 Taylor St., Rm 356C
 Detroit, MI 48202
 (313) 876-0177 fax
 Email: tarrh@health.ci.detroit.mi.us
 Direct any questions to the HIPPER Office at (313) 876-4340

For Internal Data Request Only

Please provide **Deputy Director or your program's **General Manager** signature for individual level data requests**

_____/_____
Deputy Director **Date** _____/_____
General Manager **Date**

For HIPPER Use Only

Date Received: _____ Request Approved/Denied by: _____

Complexity of Request: ☐ Simple ☐ Moderate ☐ Complex

Confidentiality: ☐ Confidential ☐ Not Confidential

Request filled by: _____ File Name: _____